

Online New Hire Enrollment System Instructions | 2010

1. Complete the Worksheet that was mailed to you by noting your benefit elections. This will help you to complete your online enrollment quickly.
 - a. Please note that after 15 minutes of inactivity, you will be logged out of the online Benefit Enrollment System. Your changes will be saved as long as you go back and finish your elections by 8 PM MST on the same day.
2. If not previously registered with the ADP Self-Service Portal, type <https://portal.adp.com> in the Internet Explorer browser address bar. Click "Enter" or "Go".



Click on the link "First Time Users Register Here". Then click on the "Register Now" button and follow the prompts.

- a. The registration passcode is MCAZ-PRISM09 (the last two digits are numbers zero and nine).
- b. During the registration process you will set your own password and answer security questions. The answers to the security questions are case sensitive so be sure to write down your password and answers to the security questions for later reference. Store them in a secure location.



3. Once you are logged in, click on the "Benefits" tab then click on the "Welcome" link.



4. When new page opens, click on the "Benefit Enrollment System" link.



5. At the Welcome Page, click “Continue”.

Continue

6. Use the Dependent Maintenance Screen to input your dependent information.
 - a. Enter your dependent's name, relation, gender and date of birth.
 - b. Enter your dependent's Social Security Number.

Windows Internet Explorer

https://www.benefid2.ssa.gov/benefits/dependent.asp

Logout

Home My Information Dependent My Profile Home

INSTRUCTIONS

If you would like to **update** a dependent, click on the dependent's number, with the information in the Dependent Maintenance table and click Update.

If you would like to **delete** a dependent, click on the dependent's number and click Delete.

If you would like to **add** a new **eligible dependent**, complete the information in the Dependent Maintenance table and click Add.

Complete other action to view your information and you have information for Dependent Maintenance table.

When you are finished, click on the **Continue** button.

Dependent Information

You do not have any dependents on file.

Beneficiaries (not covered for benefits)

Name	Relationship

Dependent Maintenance

First Name	Birth Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	Month/Year	Status	Start Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	Disabled	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dates	<input type="text"/>	Disabled	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Done

The Medicare Secondary Payer Mandatory Insurer Reporting Requirements of Section 111 of the Medicare, Medicaid, and Schip Extension Act of 2007 requires the collection and reporting of the Social Security Number (or Medicare Health Insurance Claim Number “HICN”) from active covered individuals. Active covered individuals are:

- i. employees and covered family members age 55 (45 as of January 1, 2011) to 64,
- ii. employees and covered spouses age 65 and older,
- iii. employees and covered dependents who receive kidney dialysis or have a kidney transplant, and
- iv. any covered individual that the plan sponsor knows to be entitled to Medicare.

- c. Indicate the student and/or disabled status of your dependent.
- d. When finished inputting your dependent's information, click the "Add" button. A warning message will pop up to advise you that your dependent is added but not yet enrolled in coverage. When all dependents have been added, click "Continue".



7. Beneficiary Information Update

- a. The Beneficiary Maintenance Screen allows you to input your beneficiary information.

- b. Enter the name of each beneficiary. If your beneficiary is a Trust or Estate, enter the name of the Trust or Estate.
- c. This screen requires a relation. If using a Trust or an Estate, enter "Trust" or "Estate" in the relation field.
- d. Click the "Add" button to add the beneficiary.
- e. When successfully added the following pop-up message will appear.



- f. When all beneficiaries have been added, click "Continue"

8. Beneficiary Designations

- a. The Beneficiary Designations Screen allows you to specify the percentage of your benefit being designated to each beneficiary.

Beneficiary Designations

Basic Life Insurance - Coverage Amount: \$40,000.00

Name	Relationship	Percent	Designation
John Doe	Spouse	100%	Primary
Jane Doe	Spouse	0%	Contingent
John Doe	Spouse	0%	Contingent

Basic Accidental Death & Dismemberment - Coverage Amount: \$40,000.00

Name	Relationship	Percent	Designation
John Doe	Spouse	100%	Primary
Jane Doe	Spouse	0%	Contingent
John Doe	Spouse	0%	Contingent

Additional Life Insurance - Coverage Amount: \$0.00

Name	Relationship	Percent	Designation
John Doe	Spouse	100%	Primary
Jane Doe	Spouse	0%	Contingent
John Doe	Spouse	0%	Contingent

Additional Accidental Death & Dismemberment - Coverage Amount: \$0.00

Name	Relationship	Percent	Designation
John Doe	Spouse	100%	Primary
Jane Doe	Spouse	0%	Contingent
John Doe	Spouse	0%	Contingent

- b. In this screen, you may also designate a beneficiary as a Primary or Contingent beneficiary.
 - c. Click on the red "Beneficiary Information" button to amend or add other beneficiaries.
 - d. When all designations have been updated, click "Continue".
9. Medical Election
- a. This screen allows you to choose a medical plan for you and your dependents.

Medical

Plan Options

Plan Name	Employee Cost	Employee Cost (after 100% off)	Employee Cost (after 75% off)
Uninsured Default Plan	\$0.00	\$0.00	\$0.00
United Medical Group Health Plan	\$46.40	\$0.00	\$10.74
United Medical Group Life Plan	\$14.14	\$0.00	\$3.54
United Medical Group Dental Plan	\$11.79	\$0.00	\$2.95
United Medical Group Vision Plan	\$4.20	\$0.00	\$1.05
United Medical Group Health Plan	\$46.40	\$0.00	\$10.74
United Medical Group Life Plan	\$14.14	\$0.00	\$3.54
United Medical Group Dental Plan	\$11.79	\$0.00	\$2.95
United Medical Group Vision Plan	\$4.20	\$0.00	\$1.05

Dependent Coverage

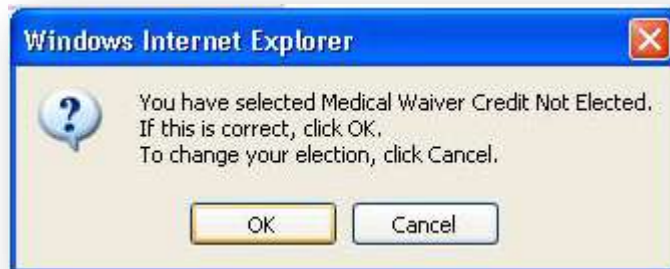
Dependent	Covered	Not Covered
John Doe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jane Doe	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- b. **NOTE:** It is important to indicate which of your dependents you wish to cover under your medical plan.
 - c. Place a check mark in the box to the left of the name of each dependent you wish to cover. An unmarked box means that dependent will not be covered.
 - d. When all designations have been updated, click "Continue".
10. Medical Waiver Credit Summary (This section does not apply to anyone who has elected medical coverage).

- a. If you have waived medical coverage you will be required to submit proof of other coverage to the Maricopa County Employee Benefits Division to qualify for the medical waiver credit.



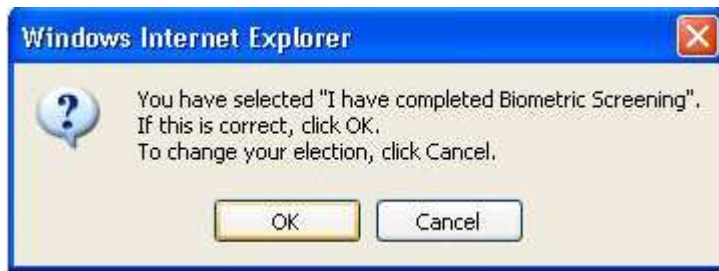
- b. When the pop-up message displays, click "OK" to move on or press the "Enter" key.



- c. When all selections have been updated, click "Continue".
11. Biometric Screening Incentive
 - a. This screen allows you to indicate if you have completed the Biometric Screening in order to receive the incentive.



- b. Select the applicable Biometric Screening option.
- c. Click "Continue".
- d. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection, click "Cancel" and make the change then click "Continue" again.



12. Health Assessment Incentive

- a. This screen allows you to indicate if you have completed the Health Assessment in order to receive the incentive.



- b. Select the applicable Health Assessment option.
- c. When all selections have been updated, click "Continue".
- d. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection, click "Cancel" and make the change then click "Continue" again.



13. Non-Tobacco User Incentive

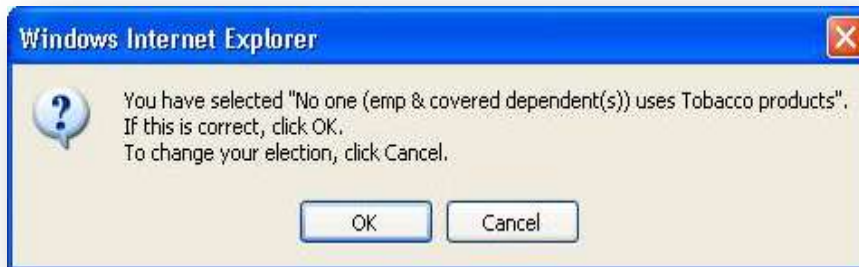
- a. This screen allows you to indicate tobacco use status for you and your covered dependents. **Read each option carefully.**

The screenshot shows a web browser window titled "Enrollment Home Page - Windows Internet Explorer". The URL is "https://www.barratt2.aednetwfs.com/ncyl/enroll.asp". The page has a navigation bar with "PLAN INFORMATION", "YOUR ENROLLMENT", "CONTACTS", and "PAGE". The main content area is titled "Non-Tobacco User Incentive" and includes a text box for "Cost: dollar amt per pay period amounts". Below this is a "Plan Options" table with three radio button options. A "Continue" button is in the top right, and a "Cancel" button is in the bottom right. A pop-up message box is displayed, asking for confirmation of the selection.

Option	Cost
<input type="radio"/> I am a user of Tobacco products.	\$0.00
<input type="radio"/> I am not a Tobacco products user but a covered dependent is.	\$0.00
<input checked="" type="radio"/> No one (emp & covered dependent(s)) uses Tobacco products.	\$0.00

- b. Select the appropriate option for yourself and your covered dependents.
c. When all selections have been updated, click "Continue".
d. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection, click "Cancel" and make the change then click "Continue" again.

NOTE: If you elected the Choice Fund Medical Plan with Health Savings Account, enter the dollar amount you wish to contribute to your Health Savings Account through payroll deductions. Otherwise, click "Continue".



Enrollment Home Page - Windows Internet Explorer
 https://www.benefit2.esdbenefits.com/mcye3/enroll.asp

Maricopa County's Health Savings Contribution
 2009 - 2010 election: Waived Contribution to Health Savings Account.

Plan Name	Employee Only	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family
Waived Contribution to Health Savings Account	\$0.00	\$0.00	\$0.00	\$0.00

14. Pharmacy Election (If you elected the Choice Fund Medical Plan, click "Continue".)
 - a. This screen allows you to choose the pharmacy plan for you and your covered dependents.

Pharmacy

Costs shown are per year period amounts.

Plan Name	Employee Only	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family
Continuation Pharmacy Benefit Plan	\$5.35	\$10.59		
Consumer Choice Pharmacy Benefit Plan	\$8.99	\$0.00		

Dependent Coverage

Cover All	Name	Relationship
<input checked="" type="checkbox"/>	MRN	Spouse
<input type="checkbox"/>	LAST	Child

- b. When all selections have been updated, click "Continue".
 - c. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection, click "Cancel" and make the change then click

“Continue” again.



15. HICN Collection

- This screen allows you to indicate whether you or your dependents are enrolled in Medicare. Select the appropriate option for yourself and your dependents.
- Place a check mark in the box to the left of each dependent enrolled in Medicare.
- Click the “OK” button when the pop-up message to acknowledge your selection appears. To change your selection, click “Cancel” and make the change then click “Continue” again.

16. Enter your HICN

- If you and/or your covered dependent are enrolled in Medicare, enter the Health Insurance Claim Number (HICN) located on your Medicare card.

17. If you waived medical coverage, you may choose the vision plan option for yourself and dependents. Indicate your coverage level (e.g. Employee plus Family). Otherwise click “Continue”.



18. Review behavioral health coverage information and click “Continue”. If you elected medical coverage, you are automatically enrolled in behavioral health coverage.

19. Dental Election

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- a. This screen allows you to choose a dental plan for you and your dependents.
- b. Select the appropriate plan option.

Dental

2009 - 2010 Election - **Wanted Dental Benefit Plan**
Costs shown are per pay period amounts.

Plan Name	Employee Only	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family
<input type="radio"/> CIGNA Dental Benefit Plan	\$7.16	\$4.19	\$5	
<input type="radio"/> CIGNA Dental Benefit Plan	\$7.23	\$11.95	\$17	
<input type="radio"/> Delta Dental Benefit Plan	\$11.92	\$26.31	\$28	
<input type="radio"/> Standard Dental Benefit Plan	\$8.66	\$0.99	\$6	

Dependent Coverage

Cover All	Name	Relationship
<input type="checkbox"/>	NEW	Spouse
<input type="checkbox"/>	LAST	Child

Windows Internet Explorer
You have selected CIGNA Dental Benefit Plan for Yourself, NEW, LAST.
If this is correct, click OK.
To change your election, click Cancel.

- c. Place a check mark in the box to the left of the name of each dependent you wish to cover. An unmarked box means that dependent will not be covered.
- d. When your selection has been updated, click "Continue".
- e. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection, click "Cancel" and make the change then click "Continue" again.

Windows Internet Explorer
You have selected CIGNA Dental Benefit Plan for Yourself, NEW, LAST.
If this is correct, click OK.
To change your election, click Cancel.

20. Review Basic Life Insurance beneficiary and update if necessary.

Basic Life Insurance

2009 - 2010 Election - **Basic Life Insurance**

Plan Name	Employee Only	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family
<input checked="" type="radio"/> Basic Life Insurance Plan	\$7.16	\$4.19	\$5	

Beneficiary Designation

Name	Relation	Percent	Designation
NEW, LAST	Spouse	50	50
LAST, FIRST	Child	50	50
NEW, FAMILY TRUST	Trust	100	100

Windows Internet Explorer
You have selected Basic Life Insurance Plan for Yourself, NEW, LAST.
If this is correct, click OK.
To change your election, click Cancel.

21. Review Basic Accidental Death and Dismemberment insurance beneficiary and update if necessary.

Basic Accidental Death & Dismemberment
2009 - 2010 election: 1 times Annual Base Salary

Options	Coverage Amount	Cost
<input checked="" type="radio"/> 1 times Annual Base Salary	\$36,300	\$6.00

Name	Relation	Percent	Designation
MARTHA J. BROWN	Spouse	50%	Contingent
LAST DOLLAR	Child	50%	Contingent
SMITH FAMILY TRUST	Trust	100%	Primary

22. Additional Life Insurance

- This screen allows you to choose additional life insurance coverage.

Additional Life Insurance
2009 - 2010 election: No Additional Life Insurance

Options	Coverage Amount
<input type="radio"/> No Additional Life Insurance	\$0
<input type="radio"/> 1 times Annual Base Salary	
<input type="radio"/> 2 times Annual Base Salary	
<input type="radio"/> 3 times Annual Base Salary	
<input type="radio"/> 4 times Annual Base Salary	

Coverage Level	Cost
<input type="radio"/> Non Tobacco User	\$0.00
<input type="radio"/> Tobacco User	\$0.00

Windows Internet Explorer
You have selected 3 times Annual Base Salary for Tobacco User. If this is correct, click OK. To change your election, click Cancel.

- Select the appropriate plan option in values ranging from one to five times your annual base salary and indicate your tobacco use status as this will determine your monthly cost for the insurance coverage.
- Review and update beneficiary designation if necessary.
- When all selections have been updated, click "Continue".
- Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection, click "Cancel" and make the change then click "Continue" again.



23. Accidental Death and Dismemberment Insurance

- a. This screen allows you to choose additional Accidental Death and Dismemberment coverage.



- b. Select the appropriate plan option in values ranging from one to five times your annual base salary, and select employee only or family coverage.
- c. Review and update beneficiary designation if necessary.
- d. When all selections have been updated, click "Continue".
- e. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection click "Cancel" and make the change then click "Continue" again.



24. Spouse Life Insurance

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- a. This screen allows you to choose spouse life insurance coverage.

Options	Coverage Amount	Cost
<input type="radio"/> No Spouse Life Insurance	\$0	\$0.00
<input type="radio"/> \$10,000	\$10,000	\$2.75
<input type="radio"/> \$20,000	\$20,000	\$5.45
<input type="radio"/> \$30,000	\$30,000	\$8.15
<input type="radio"/> \$40,000	\$40,000	\$10.85
<input type="radio"/> \$50,000	\$50,000	\$13.55
<input type="radio"/> \$60,000	\$60,000	\$16.25
<input type="radio"/> \$70,000	\$70,000	\$18.95
<input type="radio"/> \$80,000	\$80,000	\$21.65
<input type="radio"/> \$90,000	\$90,000	\$24.35
<input type="radio"/> \$100,000	\$100,000	\$27.05

- b. Select the appropriate plan options in values ranging from ten to one hundred thousand dollars.
- c. Coverage amount of over fifty thousand dollars requires approval by the insurance company.

Complete and submit a Medical History Statement available at link.

- d. When all selections have been updated, click "Continue".

- e. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection, click "Cancel" and make the change then click "Continue" again.

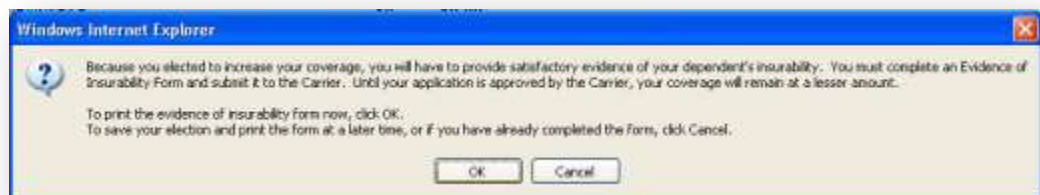


25. Child Life Insurance.

- a. This screen allows you to choose the Child Life coverage.



- b. Select the appropriate plan option in values ranging from five to twenty thousand dollars.
- c. Coverage amounts over ten thousand dollars requires approval by the insurance company if electing coverage of over ten thousand dollars.



Online New Hire Enrollment System Instructions 2010

Complete and submit a Medical History Statement available at link.

The screenshot shows a web browser window displaying a form titled "Medical History Statement". The form is divided into several sections: "SELECTING FOR APPLICANT FOR COVERAGE", "MEMBER EMPLOYEE INFORMATION", "APPLICANT INFORMATION", and "APPLICATION INFORMATION". The "MEMBER EMPLOYEE INFORMATION" section includes fields for Name of Group, Membership Category, Member/Employee Name, Occupation, Salary, Social Security Number, and Member/Employee Identification No. The "APPLICANT INFORMATION" section includes fields for Name, Birthdate, Birthplace, Social Security Number, Work Phone, and Home Phone. The "APPLICATION INFORMATION" section includes checkboxes for "Type of Application" (Initial, Renewal, or Transfer), "Check the insurance coverage you are requesting", and "Dependents Life".

- d. When all selections have been updated, click "Continue".
- e. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection click "Cancel" and make the change then click "Continue" again.



26. Short Term Disability

- a. This screen allows you to choose Short Term Disability coverage.

The screenshot shows a web browser window displaying the "Short Term Disability" selection screen. The screen has a header with a logo and a "Logout" button. Below the header, there is a "Short Term Disability" section with a "2009 - 2010 election: Select Short Term Disability Coverage" and a "Credit amount per pay period amounts" field. Below this, there is a "Plan Options" table with the following data:

Options	Cost
<input type="radio"/> No Short Term Disability Coverage	\$0.00
<input type="radio"/> 25% Short Term Disability Coverage	\$4.62
<input type="radio"/> 50% Short Term Disability Coverage	\$6.77
<input type="radio"/> 75% Short Term Disability Coverage	\$10.00
<input type="radio"/> 100% Short Term Disability Coverage	\$16.33

- b. Select the appropriate plan options in values ranging from forty percent to seventy percent of salary.
- c. When all selections have been updated, click "Continue".
- d. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection click "Cancel" and make the change then click "Continue" again.



27. Health Care Flexible Spending Account

- a. This screen allows you to enroll in the Health Care Flexible Spending Account.



- b. Input a contribution value of up to five thousand two hundred dollars for the remainder of the plan year ending June 30.
- c. When all selections have been updated, click "Continue".
- d. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection click "Cancel" and make the change then click "Continue" again.



28. Dependent Care Flexible Spending Account

- a. This screen allows you to enroll in the Dependent Care Flexible Spending Account.

Dependent Care Flexible Spending Account
2009 - 2010 election: Annual Participation

Annual Contribution Amount: \$ 0.00

Eligible Expenses	Expected Annual Expense
Business care provider expenses	\$ 0.00
Daycare expenses for a dependent adult or child	\$ 0.00
Pre-school expenses	\$ 0.00
Payments made to a household for providing care for an eligible dependent	\$ 0.00
Dependent adult care expenses (usually a parent caring for an eligible home), as long as the adult dependent lives with you for more than 12% of the year.	\$ 0.00

- b. Input a contribution value of up to five thousand dollars for the remainder of the plan year ending June 30.
- c. When all selections have been updated, click "Continue".
- d. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection click "Cancel" and make the change then click "Continue" again.



29. Group Legal

- a. This screen allows you to choose group legal coverage.

Group Legal Services
2009 - 2010 election: Annual Group Legal Services
Credit amount per pay period annually.

Plan Options	Cost
Options	
<input type="radio"/> METLIFE Group Legal Services	\$7.07
<input type="radio"/> Wellpoint Group Legal Services	\$6.00

- b. When all selections have been updated, click "Continue".
- c. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection click "Cancel" and make the change then click "Continue" again.



30. Once you have made all your benefit elections, a Benefit Summary will appear. Review the Benefit Summary and make any necessary corrections. If everything is correct, click "Submit" when finished.

2009 - 2010 Benefit Summary

Personal Information

Name	Bentley of METLAW	Address	8021 N 10TH AVE
Birth Date	01/01/1960	City/State	ALBUQUERQUE, NM
Basic Salary	\$25,120.00	State	NM
		City	ALBUQUERQUE

Dependents

Name	Relationship	Birth Date
JOHN BENTLEY	Spouse	1/04/1967
JOHN BENTLEY	Child	02/01/1990

Benefit Elections

Benefit	Plan Election	Coverage	Employee Cost Per Pay Period	Employer Cost Per Pay Period
Medical	Group Health Plan	Employee only	\$55.00	\$775.00
Medical	Group Health Plan	Self, Spouse, Child	\$55.00	\$880.00

31. Read Certification Statement and click "I Agree". A pop-up email prompt will appear.

Email Prompt -- Webpage Dialog

https://www.bentest2.essbenefits.com/mcye3/secured/userprompt.asp

Please enter your e-mail address to receive an e-mail acknowledgement. If you don't have an email address or do not want an electronic acknowledgement, click on the Cancel button.

myemail@somewhere.com

OK Cancel

https://www.bentest2.essbenefits.com/mcye3/secured Internet SSL

Input your email address and click “OK” to have an e-mail acknowledgement of your elections emailed to you. Otherwise click “Cancel”.



32. Click the “Print” button to print a copy of the Confirmation Page to keep for your records.



33. The benefits enrollment process is complete. Click “Continue” and you will receive the “Thank You” message.

A Confirmation Statement will be mailed to your home address within 10 days. Compare the Confirmation Page you printed to the Confirmation Statement you receive in the mail. If the information on the Confirmation Statement does not match your printed Confirmation Page, contact the Employee Benefits Division within 10 business days at 602-506-1010 press 2 and then 2 again.